

MULTIPLE DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1.							51					
2.							52					
3.							53					
4.							54					
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44.							94					
45.							95					
46.							96					
47.							97					
48.							98					
49.							99					
50.							100					
TOTAL IND.	3		3				TOTAL IND.					
TOTAL DEP.	14	↓	14	↓			TOTAL DEP.	↓	↓	↓	↓	↓
TOTAL CLAIMS	17	17	17	17			TOTAL CLAIMS					

PTO-1350 (3-78)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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